

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LAKE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted August 13 - 14, 2014

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## CAP Assessment of Lake Correctional Institution

### I. Overview

On August 13 - 14, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake Correctional Institution (LAKCI). The survey report was distributed on September 8, 2014. In October 2014, LAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 2014 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On March 3, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on March 17, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 12 of the 24 physical health findings were corrected. Twelve physical health findings will remain open.

| Finding   | CAP Evaluation Outcome   |
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| <p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-1: In 4 of 17 records reviewed, the baseline information was incomplete or missing.</b></p> | <p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-2: In 3 of 15 records reviewed, the baseline information was incomplete or missing.</b></p> | <p><b>PH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-2 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-3: In 2 of 7 records reviewed, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-5: In 2 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-6: In 3 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-4 will remain open.</p> <p><b>PH-5 &amp; PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 &amp; PH-6.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>ONCOLOGY CLINIC</u></b></p> <p><b>PH-7: In 1 of 3 records reviewed, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-7 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-7 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-8: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-9: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> | <p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 &amp; PH-9.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>A comprehensive review of 6 inmate records revealed the following deficiencies:</b></p> <p><b>PH-10: In 2 records, the diagnosis was not reflected on the problem list.</b></p> <p><b>PH-11: In 2 of 2 applicable records, there was no evidence that the correct number of doses of Isoniazid (INH) medication was given.</b></p> <p><b>PH-12: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician at the completion of therapy.</b></p> <p><b>PH-13: In 1 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-14: In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p> <p><b>PH-11 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-11 will remain open.</p> <p><b>PH-12, PH-13, &amp; PH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to this finding during the monitoring period. Institutional staff will continue to monitor. PH-12, PH-13, &amp; PH-14 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>INFIRMARY CARE</u></b></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p><b>PH-15:</b> In 2 of 6 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary.</p> <p><b>PH-16:</b> In 1 of 5 applicable records, there was no evidence of a completed discharge summary by the discharge nurse for an inmate in observation status.</p> | <p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p> <p><b>PH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-16 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>PH-17:</b> There was no evidence that all equipment was in working order.</p> | <p><b>PH-17 CLOSED</b></p> <p>Adequate evidence of correction was provided to close PH-17.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>DENTAL CARE</u></b></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p><b>PH-18:</b> In 4 records, there was no evidence of complete and accurate charting.</p> <p><b>PH-19:</b> In 1 of 1 applicable record, there was no evidence that consultation or specialty services were requested in a reasonable time frame.</p> | <p><b>PH-18 &amp; PH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18 &amp; PH-19.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-20: In 5 of 16 records reviewed, the new diagnosis was not reflected on the problem list.</b></p> | <p><b>PH-20 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-20 will remain open.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>PERIODIC SCREENING</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-21: In 4 of 15 applicable records, the periodic screening was incomplete.</b></p> <p><b>PH-22: In 5 of 15 applicable records, all required diagnostic tests were not completed prior to the periodic screening encounter.</b></p> <p><b>PH-23: In 4 of 15 applicable records, there was no evidence that health education was provided.</b></p> | <p><b>PH-21, PH-22, &amp; PH-23 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-21, PH-22, &amp; PH-23 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-24: There was no evidence of a current and complete refrigerator log for all medical refrigerators.</b></p> | <p><b>PH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p> |

**II. Mental Health Assessment Summary**

The CAP closure files revealed evidence to determine that 28 of 48 mental health findings were corrected. Twenty mental health findings will remain open.

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>MENTAL HEALTH RESTRAINTS</u></b></p> <p>A comprehensive review of 3 psychiatric restraint episodes revealed the following deficiencies:</p> <p><b>MH-1:</b> In 1 record, the physician’s order did not contain the maximum duration of the order or behavioral criteria for release.</p> <p><b>MH-2:</b> In 1 record, the inmate’s behavior was not consistently documented every 15 minutes on the “Restraint Observation Checklist.”</p> <p><b>MH-3:</b> In 2 of 2 applicable records, there was no documentation that the inmate’s limbs were exercised every two hours when 4 point restraints were used.</p> <p><b>MH-4:</b> In 1 of 1 applicable records, a new physician’s order was not obtained every 4 hours while the inmate was in restraints</p> <p><b>MH-5:</b> In 2 of 2 applicable records, restraints were not removed after 30 minutes of calm behavior.</p> | <p><b>MH-1, MH-2, MH-3, MH-4, &amp; MH-5, CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, MH-3, MH-4, &amp; MH-5.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> | <p><b>MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b>MH-6:</b> In 2 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p><b>MH-7:</b> In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-8:</b> In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p> | <p><b>MH-7 &amp; MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-7 &amp; MH-8 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>PSYCHOLOGICAL EMERGENCIES</u></b></p> <p><b>MH-9:</b> In 2 of 9 records, the psychological emergency was not responded to within 1 hour.</p> | <p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-10: In 2 of 9 applicable records (15 reviewed), the inmate was not seen by mental health as indicated in the response to the request.</b></p> | <p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>SPECIAL HOUSING</u></b></p> <p><b>A comprehensive review of 14 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-11: In 5 records, the “Special Housing Health Appraisal” (DC4-769) was not present or completed in its entirety.</b></p> <p><b>MH-12: In 2 of 6 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing.</b></p> | <p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p> <p><b>MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-12 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 17 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-13: In 3 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</b></p> | <p><b>MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-13 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b>MH-14:</b> In 4 of 14 applicable records, there was no evidence that initial lab tests were conducted.</p> <p><b>MH-15:</b> In 8 records, physician’s orders were not dated, timed, and/or stamped.</p> <p><b>MH-16:</b> In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p><b>MH-17:</b> In 4 of 4 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p><b>MH-18:</b> In 4 of 4 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive or 5 medication refusals in 1 month.</p> <p><b>MH-19:</b> In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed.</p> <p><b>MH-20:</b> In 8 of 15 applicable records, a physical examination was not completed within 3 working days of admission to the CSU, TCU, or MHTF.</p> <p><b>MH-21:</b> In 3 of 12 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-22:</b> In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-23:</b> In 3 of 15 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p> | <p><b>MH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p> <p><b>MH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-15 will remain open.</p> <p><b>MH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-16 will remain open.</p> <p><b>MH-17 &amp; 18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17 &amp; 18.</p> <p><b>MH-19 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-19 will remain open.</p> <p><b>MH 20 &amp; 21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20 &amp; 21.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b>MH-24:</b> In 4 of 5 applicable records, the rationale for an emergency treatment order (ETO) of medication was not documented and/or not clinically appropriate.</p> <p><b>MH-25:</b> In 5 of 6 applicable records, the ETO was not accompanied by a physician's order specifying the medication as an ETO or a verbal ETO was not signed by the physician within 24 hours.</p> <p><b>MH-26:</b> In 2 of 5 applicable records, an additional ETO was not written for each ETO medication administration.</p> <p><b>MH-27:</b> In 3 of 6 applicable records, the ETO medication was not administered in the least restrictive manner.</p> | <p><b>MH-22 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-22 will remain open.</p> <p><b>MH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-23.</p> <p><b>MH-24 &amp; MH-25 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-24 &amp; 25 will remain open.</p> <p><b>MH-26 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p> <p><b>MH-27 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-27 will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 18 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-28: In 15 of 16 applicable records, vital signs were not taken daily for 5 days for new admissions.</b></p> <p><b>MH-29: In 13 records, a risk assessment for violence was not completed in the required time frame.</b></p> <p><b>MH-30: In 9 records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame and/or signed by the inmate.</b></p> <p><b>MH-31: In 10 records, the required hours of planned structured therapeutic services were not provided.</b></p> <p><b>MH-32: In 4 records, documentation of the inmate’s progress towards treatment goals was missing or not completed within the required time frame.</b></p> <p><b>MH-33: In 10 records, the “Inpatient Daily Nursing Evaluation” was not completed as required.</b></p> <p><b>MH-34: In 16 records, vital signs were not recorded as required.</b></p> <p><b>MH-35: In 17 records, weight was not recorded weekly as required.</b></p> <p><b>MH-36: In 10 records, behavioral level assessments were missing or not reviewed within required the time frame.</b></p> | <p><b>MH-28 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-28 will remain open.</p> <p><b>MH-29 &amp; MH-30 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-29 &amp; MH-30.</p> <p><b>MH-31 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-31 will remain open.</p> <p><b>MH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-32.</p> <p><b>MH-33 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-33 will remain open.</p> <p><b>MH-34 &amp; MH-35 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had</p> |

| Finding | CAP Evaluation Outcome  |
|---------|---|
|         | <p>not been reached. MH-34 &amp; MH-35 will remain open.</p> <p><b>MH-36 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-36.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-37: In 3 of 14 applicable records, physician’s orders were not dated, timed, and/or stamped.</b></p> <p><b>MH-38: In 11 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-39: In 1 of 3 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in 1 month.</b></p> <p><b>MH-40: In 4 of 14 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed.</b></p> <p><b>MH-41: In 2 of 9 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-42: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> | <p><b>MH-37 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-37.</p> <p><b>MH-38 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-38 will remain open.</p> <p><b>MH-39 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to this finding during the monitoring period. Institutional staff will continue to monitor. MH-39 will remain open.</p> <p><b>MH-40 &amp; MH-41 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-40 &amp; MH-41.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b>MH-43: In 3 of 7 applicable records, AIMS were not administered within the appropriate time frame.</b></p> | <p><b>MH-42 &amp; MH-43 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-42 &amp; MH-43 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-44: In 1 of 1 applicable record (18 reviewed), the sex offender screening (DC4-647) was not completed within 60 days of the inmate's arrival.</b></p> | <p><b>MH-44 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-44.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 14 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-45: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days EOS.</b></p> <p><b>MH-46: In 2 of 5 applicable records, the "Summary of Outpatient Mental Health Care" (DC4-661) was not completed within 30 days of EOS.</b></p> | <p><b>MH-45, MH-46, &amp; MH-47 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-45, MH-46, &amp; MH-47.</p> |

| Finding  | CAP Evaluation Outcome |
|--|------------------------|
| <b>MH-47: In 2 of 6 applicable records, assistance with social security benefits was not provided at 90 days EOS for applicable inmates.</b> |                        |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-48: Medical records were disorganized, with pages often misfiled or missing altogether.</b></p> | <p><b>MH-48 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-48.</p> |

**IV. Conclusion**

PH-2, PH-4, PH-7, PH-11, PH-12, PH-13, PH-14, PH-16, PH-20, PH-21, PH-22, & PH-23 remain open and all other physical health portions will close. MH-7, MH-8, MH-12, MH-13, MH-15, MH-16, MH-19, MH-22, MH-24, MH-25, MH-27, MH-28, MH-31, MH-33, MH-34, MH-35, MH-38, MH-39, MH-42, & MH 43 will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by LAKCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.